Administrative Policies and Procedures: 27.2

Subject:	**Use of Seclusion**
Authority:	TCA 33-3-104, 33-3-120; 37-5-105, 37-5-106; *Children's Health Act of 2000*
Standards:	**COA**: PA-BSM 2, BSM 4, BSM 5, BSM 6; **DCS Practice Standards**: 7-100A, 7-105A, 7-121C, 7-122D, 7-200A, 7-201A, 7-202A, 7-204A, 7-215C, 7-216C, 7-218C, 7-219C, 7-226C, 7-227C, 7-228C, 7-229C, 7-230C; **JCAHO Behavioral Health Standard**: TX.7.1 (2001)
Application:	To All Department of Children's Services Employees and Contract Providers (*Except for Employees in the DCS Youth Development Centers*)

Policy Statement:

Seclusion **may** be used only in circumstances where a child/youth, due to his or her current behavior, poses an imminent risk of harm to him/herself or others, including staff to ensure the safety and appropriate treatment of all children/youth in custody. Seclusion must never be used as a means of punishment, discipline, coercion, convenience or retaliation. Non-physical interventions are the first choice of intervention unless safety issues demand an immediate physical response.

Purpose:

To set clear minimal standards and expectations for providers and DCS employees in order to maintain a safe and therapeutic environment for children/youth in all care settings. The use of seclusion is seen as a restrictive intervention and one that poses a risk to the psychological well being of a child/youth.

Procedures:

A. Organizational leadership	DCS shall ensure that its own facilities and those of its contracting providers: 1. Are committed to preventing, reducing and striving to eliminate the use of seclusion and other restrictive interventions. 2. Have sufficient staffing levels to avoid the unnecessary use of seclusion. 3. Have sufficient resources and staff time to ensure adequate training is provided regarding behavior management and de-escalation. 4. Monitor the use of seclusion as part of organizational performance improvement activities.
B. Written policies and procedures	1. Each DCS facility and contract provider agency shall have written policies and procedures that articulate the intent of creating a safe, nurturing, and therapeutic environment, protect the rights of children/youth, and respect the ethnic, religious, and identified treatment parameters for each individual

	child/youth in care. Policies and procedures must adhere to and be in compliance with DCS licensing rules, all applicable state/federal statutes, as well as generally accepted best practice standards promulgated by national accreditation organizations. 5. Upon admission to or placement at a facility, the agency must inform the child/youth and his/her parent(s) of the policy regarding the use of seclusion during emergency situations that may occur while the child/youth is in the program. 6. The provider will communicate its policies and procedures for seclusion in a manner that the child/youth and his/her parent(s) understand. This information must be communicated both orally and in writing. 7. The facility's policy must provide contact information, including the phone number and mailing address, for the appropriate State Protection and Advocacy organization. This information must be prominently posted and displayed and include specific information detailing how to place a toll-free call to the State Protection and Advocacy organization. 8. Policies and procedures regarding seclusion must minimally address trainer certification, staff training, alternative intervention strategies, de-escalation techniques, internal and external reporting requirements, data collection and use of data for quality assurance purposes.
C. Emergency use of seclusion	1. Seclusion will be used only in emergency situations when a child/youth is at risk of self-harm or harm to others, and all other less restrictive interventions have been determined to be ineffective. 2. Seclusion is an emergency safety intervention, not a therapeutic technique, that must be implemented in a manner designed to protect the child/youth's safety, dignity and emotional well-being. 3. The use of seclusion must be part of the child/youth's treatment plan, agreed upon as a crisis intervention method and approved by the treating professionals, parents and DCS. The child/youth's treatment plan also should address specific interventions to be used to avoid seclusion. 4. All decisions to initiate seclusion shall be based on assessment of the child/youth. Assessments will address the child/youth's history of sexual or physical abuse, violence, and medical/psychiatric issues that may be pertinent to seclusion practices.
D. Orders for the use of seclusion	1. Seclusion will be used only upon order by a licensed independent practitioner (such as a medical doctor, psychologist with health service provider designation, licensed clinical social worker, or other licensed independent practitioner permitted by the state to order seclusion). If the treating physician is not available, a registered nurse may initiate the use of seclusion for the protection of the child/youth and/or others. The physician or licensed independent practitioner must then be contacted immediately, and a verbal order obtained.

	2. Orders for seclusion will not exceed one (1) hour. Orders shall specify "up to" one (1) hour rather than a predetermined amount of time. 3. Orders for seclusion will not be written as standing orders or given on a PRN basis. 4. The physician or practitioner involved in ordering the seclusion will see the child/youth within one (1) hour of initiation of the seclusion, and then will write/countersign the order for the seclusion and document his/her assessment of the child/youth in the medical record. 5. Specific behavioral criteria written by the ordering physician will specify when the seclusion may be discontinued, to insure minimum usage. Children/youth are to be removed immediately from the seclusion room once the danger to self or others is no longer imminent. 6. When a physician's order has expired, the child/youth must be re-evaluated by the physician and his/her assessment of the child/youth be documented before seclusion can be reordered.
E. Use of seclusion rooms	Rooms used for the purpose of seclusion shall meet the following criteria: 1. The entrance to the room is unlocked. 2. The room is lighted and well ventilated. 3. The room is at a minimum fifty (50) square feet in area. 4. The room contains an observation window the dimensions of which permit a child/youth to be in view regardless of where she/he is positioned in the room. 5. Seclusion rooms are to be unfurnished and may have padding that is designed specifically for use in psychiatric or similar settings and approved by the local health and fire authorities. 6. Light fixtures are to be screened or recessed, interior doorknobs are to be removed, and hinges also should be recessed, 7. The DCS Licensing Unit shall approve seclusion rooms prior to usage. 8. Seclusion rooms must be inspected and approved under the regulations adopted by the State Fire Marshal. 9. Belts, shoes, jewelry or any other object that can be used to inflict self-injury are to be taken from the child/youth prior to placement of the child/youth in the seclusion room if there are indications in the child/youth's record or if the child/youth's current behavior suggests that such precautions are warranted. 10. Children/youth placed in seclusion shall not be deprived of clothing, food, using the toilet, medication or other basic living functions. Opportunities for personal care, including consuming fluids, bathroom use, exercise, meals and hygiene will be provided. 11. No child/youth may be kept in seclusion longer than a total of two (2) hours in any 24-hour period. If continuous seclusion seems necessary due to an ongoing emergency situation, the treatment team must explore alternative treatment strategies.

F. Monitoring	1. A staff member trained in the use of the seclusion shall monitor the child/youth continuously by direct, in-person (face-to-face), visual observation through the seclusion room window or in the room itself. Video monitoring does not meet this requirement. 2. A staff member assigned to monitor a child/youth in a seclusion room shall have this monitoring as his or her sole job duty throughout the period of seclusion in order to ensure the child/youth's safety while in the room. There must be sufficient staffing to insure appropriate supervision of all other children/youth while the staff member is monitoring the seclusion. 3. Staff monitoring the child/youth in seclusion will assess and document the child/youth's physical and psychological well-being at no less than fifteen (15) minute intervals during the seclusion incident. The total amount of time the child spent in seclusion must be documented. 4. The nursing or medical staff must immediately assess any injuries from a seclusion episode that are noted by staff or reported by child/youth.
G. Documentation and notification	1. Each incident of seclusion must be reported to the Department of Children's Services in accordance with the reporting of serious incidents as outlined in DCS policy ***1.4, Incident Reporting*** 2. The use of seclusion shall be documented on the secure ***Serious Incident Reporting (SIR)*** or ***Critical Incident Reporting (CIR)*** web-based applications, as applicable, and will clearly describe the events and behavior leading to the initiation of the seclusion including the specific risk of harm to the child/youth or others that led to the ordering of seclusion. 3. Documentation must also include attempts by staff to prevent and de-escalate the child/youth prior to utilizing seclusion, the physician ordering the seclusion and assessing the child/youth, as well as the amount of time the child/youth spent in seclusion. 4. The staff person who was most directly involved in the seclusion must complete all serious incident reports as soon as practical. However, in no circumstances shall the report be completed later than the end of the shift in which the incident of seclusion took place. 5. This Incident Report shall be submitted to the DCS Family Service Worker, regional resource management, and central office incident management within twenty-four (24) hours of occurrence. 6. Until and unless parental rights are terminated, the child/youth's parents will be notified of any occurrence of seclusion. 7. If more than one episode of seclusion is ordered for a child/youth within twenty-four (24) hours, the contract agency/provider must report this to the DCS Director of Medical and Behavioral Services or designee for further review.

H. Debriefing	1. The child/youth and staff shall participate in a debriefing about the seclusion episode. The debriefing should take place as soon as possible but no longer than twenty-four (24) hours after the seclusion occurred. Parents and DCS staff may be involved in the debriefing, as appropriate. 2. Evidence of the debriefing must be documented in the child/youth's record and include the names of all who participated in the debriefing session. 3. The debriefing is used to: a) Identify what led to the emergency incident and what could have been handled differently, b) Ascertain that the child/youth's physical well-being, psychological comfort, and right to privacy were addressed, c) Counsel the child/youth involved for any trauma that may have resulted from the incident, and d) When indicated, modify the child/youth's treatment plan. 4. Information gained from debriefings is used in performance improvement activities, both at the level of the contracting provider and by DCS.
I. Training	1. The contract facility/provider must require staff to have ongoing education, training and demonstrated knowledge of the: a) Techniques to identify staff and child/youth behaviors b) Events and environmental triggers that may produce emergency safety situations c) Use of non-physical safety interventions d) Safe use of restraint, and e) Safe use of seclusion including the ability to respond to signs of physical distress, and certification in CPR. 2. Individuals who are qualified based on their own training, education, and experience must provide training. Training must include exercises in which staff members are required to demonstrate in practice the techniques they have learned and emphasize appropriate monitoring and documentation of seclusion episodes. 3. The trainer must verify successful completion of this training by a written statement documenting that the staff person has successfully completed the training program and that he/she can competently implement the components of the training program. A copy of this documentation shall be kept in the employee's personnel file and be made available for DCS review upon request. Training must occur annually. 4. Every contract/provider agency shall ensure that every new staff person successfully completes training in verbal de-escalation, crisis intervention and seclusion prior to being authorized to work directly with any child/youth in the care of the facility.

	5. It is the responsibility of the contract/provider agency to ensure that all staff members, including part-time and on-call personnel utilized by the facility and who may not be regular employees have successfully completed the same training required of the regular staff for the agency. 6. No employee of DCS or of a contract/provider agency shall participate in a seclusion incident if they have not successfully completed the required training in behavior management and crisis intervention.
J. Review	1. The administration of each contract/provider agency must ensure that all staff thoroughly review and understand all seclusion policies and procedures. Documentation that each staff member has reviewed these policies and agrees to abide by them must be included in each employees personnel file. 2. All contract/provider agencies must incorporate an internal review process of all seclusion episodes in their facilities. 3. The internal review process must involve weekly review of all seclusion episodes, with investigation into any seclusion lasting longer than the allowed time frames, that involved injury to child/youth or staff, and that was not ordered using correct procedures. 4. Documentation of the agency's administrative review process must be made available to DCS for quality assurance review. This documentation must include: 5. Review of the events precipitating each seclusion incident and the ordering process, a) Other techniques attempted to de-escalate the situation, b) Use of authorized procedures, c) Staff training, and d) Any corrective action required as a result of the incident. 6. Contract/provider agencies should ensure that a process is in place to routinely address the use of crisis intervention and seclusion in individual and/or group supervision with all direct service and clinical staff. Such supervision shall focus on analyzing individual interventions as well as patterns of intervention to identify ways to increase the effective use of prevention methods and further reduce the use of seclusion. 7. DCS and contract/provider agencies also should include an assessment of staff member's effective use of seclusion in each applicable employee's annual performance evaluation. 8. Contract/provider agencies, in conjunction with DCS, will compile aggregate data yearly on the incidents of seclusion to include the: a) Total number of children served by the provider, b) Total number of bed days for which the provider is contracted, c) Total number of unduplicated children who were secluded, d) Total number of incidents of seclusion (with the average length of each

	seclusion as well as the total seclusions by gender, race and age group), and 9. A description of how this data was used throughout the reporting year to identify trends with staff, both individually and as a group, in order to reduce the use of seclusion.

Forms:	***None***

Collateral documents:	***Tennessee Department of Mental Health/Developmental Disabilities Rules and Regulations*** ***Children's Health Act of 2000 (Public Law 106-310 Sec. 1004)*** ***DCS Standards of Professional Practice For Serving Children and Families: A Model of Practice***

Glossary:	
Term	***Definition***
Emergency:	Any event in which a child/youth placed in an out-of-home care setting poses an imminent or immediate risk of harm to the physical safety of himself/herself or other individuals.
Emergency safety situation:	An unanticipated child/youth behavior that places the child/youth or others at serious threat of violence or injury if no intervention occurs and that calls for an emergency safety intervention. An emergency safety intervention must be performed in a manner that is safe as well as proportionate and appropriate to the severity of the behavior, the child/youth's chronological, and developmental age, size, gender, physical, medical, and psychiatric condition; and personal history.

Glossary:	
Term	***Definition***
Imminent danger of harm:	The substantial possibility that bodily harm or great bodily harm will come to the child/youth in the reasonably foreseeable or immediate future, whether or not the child/youth has already suffered bodily harm or great bodily harm. Imminent danger also means conditions calculated to and capable of producing within a relatively short period of time a reasonably strong probability of resultant irreparable physical or mental harm and/or the cessation of life if such conditions are not removed or alleviated
Licensed Independent Practitioner:	An individual licensed by the State of Tennessee Health Related Boards as a: ♦ Medical doctor ♦ Doctor of Osteopathy ♦ Physician Assistant ♦ Certified Nurse Practitioner ♦ Nurse with a masters degree in nursing, who functions as a psychiatric nurse, and is certified to prescribe medication ♦ Psychologist with health service provider designation ♦ Licensed clinical social worker ♦ Licensed professional counselor ♦ Senior psychological examiner ♦ Other licensed mental health professional who is permitted by law to practice independently. In addition, to be considered a licensed independent practitioner, the individual must be privileged by the hospital medical staff and governing body to authorize the use of restraint.
Seclusion:	The time-limited placement or confinement of an individual alone in any room or area from which egress is prevented.